

Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest) ivips@dol.wa.gov Print and scan or upgrade to Adobe Reader XI or above)

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957

Olympia, WA 98507

Fax

(360) 570-7895

Phone

(360) 359-4001

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

| Company/Agency name DCE INVESTIGATIV | | | | Website DCEIVI | ESTIG | ATIVESERVICES.COM | |
|--|--|--------------------------------------|---------------------------------|--------------------------------------|---------|--|--|
| Contact name. Primary applican JANAYA FARLEY | t and contract manager | | le) Telephone numbe 831-3302 | r Email (requi | red) | ESTIGATIVESERVICE | |
| Contact name 2 (if applicable) | | (Area cod | le) Telephone numbe | r Email (requi | | - STIGHTIVE EDER VICE | |
| Physical address of business (nu 8002 NE HWY 99 SU | umber and street) ITE B | | | | | | |
| City VANCOUVER | | | State WA | | | ZIP code 98665 | |
| Mailing address of business (if di | ifferent) | | | 1 1112 | | 76003 | |
| City | | | 100000 | State | | ZIP code | |
| Provide one of these identifiers | Taxpayer Identification | Faxpayer Identification Number (TIN) | | Employer Identification Number (EIN) | | WA Unified Business Identifier (UBI) 603507027 | |
| Answer the following Provide a detailed explayou will use the vehicle I AM A PRIVATE INV | anation of your primary and vessel records). VESTIGATOR . I WOI ED IN AUTO ACCINI | RK FOR ATT | TRONEYS I | NEED TO LOC | ss or a | agency does and how | |

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. YES DEPENDING ON THE CASE I AM WORKING. WILL GIVE ONLY WHAT I CAN LEGALLY GIVE TO ATTRONEYS. I WILL NOTIFY THE ONWERS AS THE LAW REQIURES ME TO DO. I WILL FOLLOW ALL REQUIRED LAWS FOR THE STATE.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
 - · Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

JANAYA FARLEY

09/20/2016

Date and place (county) signed

PRINT OF TYPE Name

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725 Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02 Washington Administrative Code (WAC) 308-10-075, 308-93-087

RPD-224-002 (R/6/16)WA Page 2 of 3

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete and return this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- · Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

| Address, City, State, ZIP code | | |
|--|--|------------------|
| | | |
| Contact name | (Area code) Telephone number | Email |
| Providing information | | |
| Does the subscriber provide info | ormation to an attorney or private investig | ator? ☐ Yes ☐ No |
| Subscriber's permissible use | | 100 1100 |
| 2 Legal business name | | |
| Address, City, State, ZIP code | | |
| Contact name | | |
| | (Area code) Telephone number | Email |
| Providing information | | |
| | ormation to an attorney or private investiga | |
| Subscriber's permissible use | an autorney of private investiga | ator? |
| • | | |
| | | |
| Legal business name | | |
| Legal business name | | |
| | | |
| | | |
| Address, City, State, ZIP code | (Area anda) Talanh | |
| Address, City, State, ZIP code | (Area code) Telephone number | Email |
| Address, City, State, ZIP code Contact name | (Area code) Telephone number | Email |
| Address, City, State, ZIP code Contact name Providing information | | |
| Address, City, State, ZIP code Contact name Providing information Does the subscriber provide info | (Area code) Telephone number rmation to an attorney or private investiga | |
| Address, City, State, ZIP code Contact name Providing information Does the subscriber provide info | | |
| Address, City, State, ZIP code Contact name Providing information Does the subscriber provide info Subscriber's permissible use | | |
| Address, City, State, ZIP code Contact name Providing information Does the subscriber provide info Subscriber's permissible use Legal business name | | |
| Address, City, State, ZIP code Contact name Providing information Does the subscriber provide info Subscriber's permissible use | | |
| Address, City, State, ZIP code Contact name Providing information Does the subscriber provide info Subscriber's permissible use Legal business name | rmation to an attorney or private investiga | itor? 🗆 Yes 🗆 No |
| Address, City, State, ZIP code Contact name Providing information Does the subscriber provide info Subscriber's permissible use Legal business name | | |
| Address, City, State, ZIP code Contact name Providing information Does the subscriber provide info Subscriber's permissible use Legal business name address, City, State, ZIP code contact name roviding information | rmation to an attorney or private investigation (Area code) Telephone number | itor? |
| Address, City, State, ZIP code Contact name Providing information Does the subscriber provide info Subscriber's permissible use Legal business name Address, City, State, ZIP code Contact name | rmation to an attorney or private investiga | itor? |

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



BUSINESS LICENSE

Sole Proprietorship

Unified Business ID #: 603 507 027

Business ID #: 1

JANAYA MELISSA FARLEY 1202 NE 110TH ST VANCOUVER WA 98685 5548

REGISTERED TRADE NAMES:
ALLIANCE INVESTIGATION SERVICES
DCE INVESTIGATIVE SERICES
FARLEY INSURANCE SERVICES
J.F. INVESTIGATION SERIVCES

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Vikk Smith

Director, Department of Revenue

STATE OF WASHINGTON

DEPARTMENT OF LICENSING – BUSINESS AND PROFESSIONS DIVISION





ARMED PRIVATE INVESTIGATOR PRINCIPAL, CERTIFIED TRAINER

DCE INVESTIGATIVE SERVICES JANAYA M FARLEY 1202 NE 110TH ST VANCOUVER WA 98685 Licensee Released -

Termination Date __/__/_

4308

License Number

04/27/2016

Issued Date

04/30/2017

Expiration Date

Pat Kohler Director

PL-630-159 (R/3/16)